

## LONG BEACH POLICE DEPARTMENT

## COMMUNITY POLICE ACADEMY APPLICATION

(For PD Use Only)
CLASS DATE:

NAME: First Mid	iddle	Last		DATE OF BIRTH:
HOME ADDRESS: (Please, no P.O. boxes)	Street	City		<i>Zip</i> Code
EMPLOYER: Name	Type of Business			
Street	City			Zip Code
CONTACT INFORMATION: Cell:	Work:			
Home:	E-Mail Address:			
December 10, 2016  March 11, 2017	January 14, 2017 April 8, 2017		bruary 11, ay 6, 2017	2017
1 <sup>ST</sup> CHOICE:		CHOICE:		
3 <sup>rd</sup> CHOICE:	4 <sup>th</sup> CHOICE:			
PERSONAL INFORMATION				
DRIVER'S LICENSE #:			STATE	<u>:</u>
ETHNICITY: (Circle One)				
African-American Asian Hispa	anic Pacific Isla	nder White	Other	

Why are you interested in attending the Community Police Academy?

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How did you hear about the Community Police Academy? (P	Please list the name of the person who told you
about the academy and the organization they are affiliated with)	

Are you involved in any community/business organizations in Long Beach? Yes  If yes, please list:	No			
Do you require translation assistance? Yes No  If yes, please identify which language:				
Spanish € Khmer € Tagalog € Other:				
Do you have any active warrants or involvement in any open police investigations? Yes  If Yes, please explain (use reverse side if needed):				
Have you ever been convicted of a felony? Yes No  If yes, please list the nature of the crime and when it occurred:				

## **AUTHORIZATION:**

I consent to a record check to determine eligibility for the Long Beach Community Police Academy. If accepted as a participant, I agree to abide by all program guidelines and safety protocols. I understand that photos from this training may be posted on LBPD social media sites and used in promotional materials for this program.

Print Name	Signature	Date

## **RETURN COMPLETED APPLICATION TO:**

Long Beach Police Department
Attn: Community Engagement Division
400 W. Broadway, Long Beach, CA 90802
E-mail: LBPDCommunityEngagement@longbeach.gov

Phone: (562) 570-7401 Fax: (562) 570-8811